

Minnesota Death Certificate Information - Page 1 of 2

Please Email to: documents@metrofirstcall.com

Name of Deceased			
First			
Middle			
Last			
Maiden		Suffix	

Social Security #			
Sex		Date of Birth	
Place of Birth (city & state)			

Date of Death		Time of Death	
Place of Death			
Street Address			
City		County	

Physician Signing DC			
Phone #			

Education Level			
Ethnicity			
Veteran (Yes/No)		Hispanic Origin (Y/N)	
Usual Occupation			
Industry			

Residence of Deceased			
Street Address			
City, State			
County			
Zip Code		In City Limits (Y/N)	

Marital Status			
Spouse's Name (if living)			
First			
Last/Maiden			

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Father's Name	
First	
Last	
Mother's Name	
First	
Maiden	

Informant Name	
Street Address	
City, State, & Zip Code	
Relationship	

Method of Disposition	Number of DC's to be ordered
Cremation (Yes/No)	Cause of Death (long)
Burial (Yes/No)	Fact of Death (short)
Was or will deceased be embalmed?	VA DC (Y/N)
First copy \$13, additional copies \$6 ea	

Cemetery Name	
City, State	
County	

Crematory Name	
City, State	
County	

DC Mailing	
Informant Listed above (check)	
Mail to Funeral Establishment (check)	
Street address or PO Box	
City, State, & Zip Code	

Form Prepared By	
Funeral Home Name	